

CLAIMS ONLY						Application Number <i>10764437</i>	Filing Date
<i>-125 cancel</i>						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1							
2							
3							
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48							
49							
50							
Total Indep							
Total Depend							
Total Claims							

CLAIMS ONLY						Application Number		Filing Date			
						Applicant(s)					
						* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
20							51				
21							52				
22							53				
3							54				
4							55				
5							56				
6							57				
7							58				
8							59				
9							60				
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43							94				
44							95				
45							96				
46							97				
47							98				
48							99				
49							100				
50							Total Indep				
Total Indep			S				Total Indep				
Total Depend			47				Total Depend				
Total Claims			52				Total Claims				